

**(Name) FIRE DEPARTMENT  
PATIENT INFORMATION**

**Incident Location:** \_\_\_\_\_

**Chief Complaint:** \_\_\_\_\_

**Secondary Complaint:** \_\_\_\_\_

**HPI/MOI:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Time</b>				
<b>Pulse</b>				
<b>B/P</b>	/	/	/	/
<b>Resp Rate</b>				
<b>Lung Sounds</b>				
<b>SaO2</b>				
<b>EtCO2§</b>				
<b>AVPU</b>				
<b>Pupils</b>				
<b>Skin</b>				
<b>Temperature</b>				
<b>Blood Glucose§</b>				
<b>Monitor§</b>				
<b>Spinal Assess§</b>				

§ Perform only if relevant to Patients condition

**Medical Hx:** \_\_\_\_\_

\_\_\_\_\_

**Medications\*:** \_\_\_\_\_

\_\_\_\_\_

**Allergies (Food/Meds)\*:** \_\_\_\_\_

\_\_\_\_\_

**\* Include in call only if ASKED**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Gender:** M F

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**(Name) FIRE DEPARTMENT  
REFUSAL OF TREATMENT AND TRANSPORT**

**Call Location:** \_\_\_\_\_

**Chief Complaint:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** M F

**Patient MUST Be:**

- ☐ 18 years of age or older (if under 18, parent/responsible adult must sign card or provide telephone sign-off)
- ☐ Alert & Oriented X 3 (person, place & time)
- ☐ Advised of the risks of refusing care
- ☐ Free of any medical condition or injury that has altered their decision-making ability
- ☐ Verbalizes understanding of statement below

**Provider Initials:** \_\_\_\_\_

I hereby voluntarily acknowledge and state that I have been advised regarding my present physical condition, and I hereby voluntarily refuse, on behalf on myself or my children (if any), to receive or accept such medical care and/or transportation as recommended by EMT's representing \_\_\_\_\_ or other EMS service, its officers, employees, volunteers, medical consultants, hospitals, servants, or agents from any liability in the premise and I agree to hold them harmless.

\_\_\_\_\_  
**PRINT Name of Patient or Parent/Responsible Adult**

\_\_\_\_\_  
**Signature of Patient or Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness (Non-Service)**

\_\_\_\_\_  
**Date**